



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Application Number</td><td style="width: 50%;">10/697,281-Conf. #8441</td></tr><tr><td>Filing Date</td><td>October 31, 2003</td></tr><tr><td>First Named Inventor</td><td>Kazuo Okada</td></tr><tr><td>Examiner Name</td><td>C. E. Rendon</td></tr><tr><td>Art Unit</td><td>3714</td></tr><tr><td>Attorney Docket No.</td><td>SHO-0055</td></tr></table>		Application Number	10/697,281-Conf. #8441	Filing Date	October 31, 2003	First Named Inventor	Kazuo Okada	Examiner Name	C. E. Rendon	Art Unit	3714	Attorney Docket No.	SHO-0055
Application Number	10/697,281-Conf. #8441														
Filing Date	October 31, 2003														
First Named Inventor	Kazuo Okada														
Examiner Name	C. E. Rendon														
Art Unit	3714														
Attorney Docket No.	SHO-0055														
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT		(\$) 930.00													

  

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>18-0013</u> Deposit Account Name: <u>Rader, Fishman &amp; Grauer PLLC</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

  

<b>FEE CALCULATION</b>									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>									
<u>Application Type</u>	<u>Fee (\$)</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>	
		<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
<b>2. EXCESS CLAIM FEES</b>									
<u>Small Entity</u>									
<u>Fee Description</u>								<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)								50	25
Each independent claim over 3 (including Reissues)								200	100
Multiple dependent claims								360	180
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>								<u>Multiple Dependent Claims</u>	
- =    x    =								<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.									
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>									
- =    x    =									
HP = highest number of independent claims paid for, if greater than 3.									
<b>3. APPLICATION SIZE FEE</b>									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
- 100 =		/50 =		(round up to a whole number) x					
<b>4. OTHER FEE(S)</b>									
Non-English Specification, \$130 fee (no small entity)									
Other (e.g., late filing surcharge):									
1251 Extension for response within first month								120.00	
1801 Request for continued examination (RCE) (see 37 ...)								810.00	
<b>SUBMITTED BY</b>									
Signature <u>Carl Schaukowitch</u>				Registration No. (Attorney/Agent) <u>29,211</u>		Telephone <u>(202) 955-3750</u>			
Name (Print/Type) <u>Carl Schaukowitch</u>						Date <u>April 1, 2008</u>			